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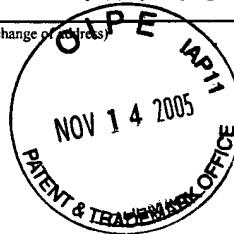
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Margaret M. Slezak	(Depositor's name)
<i>Margaret M. Slezak</i>	(Signature)
11/10/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/901,310	07/09/2001	Alfred S. Despres III	HAYES-707 CON	8573

TITLE OF INVENTION: IMPLANT WITH COMPOSITE COATING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	11/10/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GHERBI, SUZETTE JAIME J	3738	623-023500
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hayes Medical, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eldorado Hills, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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(any deficiencies)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 11/10/2005

Typed or printed name Margaret M. Slezak

Registration No. 55,625

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